EXHIBIT C

	HIGHER ARTON TO	NC4C Faye CULL		
PR	OOF OF CLAIM			
Name of Debtor Case N	umber			
USA COMMERCIAL NEXTERCE COMPANY CO	-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating			
Name of Creditor and Address	to your claim Attach copy of statement giving particulars			
ALVINA AGATHA SEDLAK LIVING TRUST DATED 6/23/04 C/O ALVINA AGATHA SEDLAK TRUSTEE 7840 E CAMELBACK RD UNIT 203 SCOTTSDALE AZ 85251-2250 Creditor Telephone Number () 450 945 044	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Cneck here replace	a previously filed claim dated		
4 DAGIO COD CLAIM	benefits as defined in 11 U S	_ 		
Goods sold Personal injury/wrongful death Wages Services performed Taxes Last fo	salaries and compensation (i	fill out below)		
PLACER VINE XARDS		(date) (date)		
2 DATE DEBT WAS INCURRED 3 IF 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	COURT JUDGMENT, DATE O			
See reverse side for important explanations	SECURED CLAIM	unt of the claim at the time case med		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	Check this box if yo	our claim is secured by collateral (including		
UNSECURED PRIORITY CLAIM	Real Estate			
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	\$ 31,500,000 +		
Amount entitled to priority \$	Amount of arrearage ar secured claim if any	nd other charges <u>at time case filed</u> included in		
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	ard purchase lease or rental of property or		
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family of Taxes or penalties owed to go Other Specify applicable para	or household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) ()		
	with respect to cases commen	stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ 50.00	200 OLUS \$ (Secured) 25% INCO	\$50,000 PLUS		
Check this box if claim includes interest or other charges in addition to the principal	al amount of the claim Attach ite			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary.				
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	your claim enclose a stamped	d self-addressed envelope and copy of this		
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat governmental units)	ing Pacific time, on Novembe	er 13, 2006 USE ONLY		
BMC Group Attn USACM Claims Docketing Center P O Box 911 1330 Ea	D OR OVERNIGHT DELIVERY TO oup SACM Claims Docketing Cente ast Franklin Avenue ndo CA 90245	Lm d 0 0000		
DATE Date Sign and print the name and title if any of the creditor this claim (attach copy of power of attorney if any culture) Colored Repart of Seals	or other person authorized to file	USA CMC		

Penalty for presenting fraudulent clayin is a fine of up to \$50,000 or imprisonment focus 5, years or both 18 USC \$\$ 152 AND 3571

ALVINA TRUST DATED 6 23 04

TOTAL DIO (Omciair omi 10) (10/03)				
United States Bankrupicy Court	DISTRICT OF Nevador	PROOF OF CLAIM		
Name of Debtor	Case Number			
Name of Debtor USA Capital Martigge Company NOTE The Company chould not be used to used to use the second some s	W BK-5-06-10725-EBRE	VEU AND FILED		
NOTF This form should not be used to make a claim for an adminis of the case. A request for payment of an administrative expense may		AUG 11 1P 2-19		
Name of Creditor (The person or other entity to whom the debtor owes money or property)	your claim Attach copy of statement PATR	ANKRUPTO 1 COURT ICIA GRAY, CLERK		
Carry Anderson, IRA	giving particulars Check box if you have never received any			
Name and address where notices should be sent Lunry Anderson	notices from the bankruptcy court in this			
13250 Mahozany Di	case Check box if the address differs from the			
773 03738	address on the envelope sent to you by C the court	THIS SEACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed	claım dated		
1 Basis for Claim ☐ Goods sold ☐ Services performed Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service fromto_ (date)	on (fill out below) es performed		
2 Date debt was incurred 12-10-2004	3 If court judgment, date obtained			
4 Classification of Claim Check the appropriate box or boxes the	at best describe your claim and state the amount of	the claim at the time case (iled		
See reverse side for important explanations	Secured Claim	The time case filed		
Unsecured Nonpriority Claim \$				
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) if only part of your claim is entitled to priority	a right of setoff)			
	Brief Bescription of Condition	hicle Other		
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of w	Real Estate Motor Ve	- Other		
entitled to priority	Amount of arrearage and other charge secured claim if any \$	s at time case filed included in		
Amount entitled to priority \$				
Specify the priority of the claim Domestic support obligations under 11 USC § 507(a)(1)(A) o	Up to \$2 225* of deposits toward purch or services for personal family or hous f \$ 507(a)(7)	ase lease or rental of property ehold use 11 USC		
(a)(1)(B)	☐ Taxes or penalties owed to governmenta	al units 11 U S C § 507(a)(8)		
☐ Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \ 507(a)(4)	180 Other Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/6			
☐ Contributions to an employee benefit plan 11 USC § 507(a				
5 Total Amount of Claim at Time Case Filed	Sunknown 300,000			
(unsecuted) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of This Stact is for Court Usi ONLY				
making this proof of claim 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase				
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security				
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the				
documents are not available explain. If the documents are voluminous attach a summary 8 Date Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self- addressed envelope and copy of this proof of claim.				
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the creditor or other person authorized to				
file this claim attach copy of power of attor	mey if any)			
8/19/06 Lans of Chaleson USA CMC				
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or	imprisonment for up to 5 years or both 18 U S	1072500133		

Finnally for predicting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. 58 152 AND 3571

702 876 4184

USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Nu.	imber 0725 (LBR)		
PLACER VINEYARDS NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Checr pox if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address BROAD WALK INVESTMENTS LIMITED PARTNER. 8635 WEST SAHARA AVENUE	SMP	your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
PMB 220 LAS VEGAS, NEVASA 89117 ATTENTION: JAMES R. BONF16L10 Creditor Telephone Number (180) 991-2677		BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	ONE OF THE DE If you have alr Bankruptcy Court	REST IN A BORROWER THAT IS N BTORS eady filed a proof of claim with the or BMC you do not need to file ago E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies Account 13:6637 CLIENT 13'5926	debtor	Check here replace or if this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM Good's sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Wages Last four	penefits as defined in 11 U S salaries and compensation (r digits of your SS # compensation for services pe	C § 1114(a) fill out below)	Unremitted principal Other claims against serv (not for loan balances)
2 DATE DEBT WAS INCURRED ///27/04 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the		OURT JUDGMENT, DATE O		(date) (date)
See rever e side for important explanations UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or be exceed; the value of the property securing it or if c) none or only part of yentitled to priority UNSECURE D PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority		SECURED CLAIM Check this box if you a right of setoff) Brief description of Real Estate Value of Collateral	collateral	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's busines, whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	s E	Up to \$2 225* of deposits tows services for personal ramily of Taxes or penalties owed to go Other Specify applicable part * Amounts are subject to adjust with respect to cases commer	or household use of evernmental units agraph of 11 U S C stment on 4/1/07 at	11 U S C § 507(a)(7) 11 U S C § 507(a)(8) 13 § 507(a) () 14 every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to	,	secured)	(priority) emized statement o	\$ (Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	edited and o cuments, so agreement documents	deducted for the purpose of nuclease purpose of nuclease purposes and evidence of perfections are voluminous attach a suitach	naking this proof chase orders inv of lien DO NO mmary	of claim roices itemized statements of IT SEND ORIGINAL
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pi for each person or entity (including individuals, partnerships, governmental units) BY MAIL 10 BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0947	m, prevailing corporation BY HAND BMC Grown Attn. US/1330 East El Segur	ng Pacific time, on Novembons, joint ventures trusts at OR OVERNIGHT DELIVERY TO DUP ACM Claims Docketing Center Franklin Avenue ado CA 90245	er 13, 2006 and FILED	THIS SPACE FOR COURT USE ONLY JAN 0 4 2007 USA CMC
BY MAIL 10 BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn US/ 1330 Eas El Segur the creditor o	oup ACM Claims Docketing Cente at Franklin Avenue ado CA 90245 or other person authorized to file	FILED	

UNIVERSITATES GANGRICAS CONTRACTOR OF THE PROPERTY OF THE PROP	PŘ	OOF OF CLAIM	72.42 Fay	JO 0 01 11
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-10	725-LBR		
l l l l l l l l l l l l l l l l l l l				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp		Check box if you are		
arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	ot an	aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address	6	to your claim Attach copy of statement giving particulars	DEBTORS YOU DO CLAIM THIS	BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
BUCKWALD, NEIL		Check box if you have never received any notices	}	
5000 NORTH VALDEZ STREET LAS VEGAS NV 89149		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
		Check box if this address differs from the address on the envelope sent to you by the	If you have aire	eady filed a proof of claim with the or BMC, you do not need to file again
Creditor Telephone Number (7) 3-445-4078		court	(' '	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	ces	(C) - d - d
PLA CER VIYEYARDS		if this claim amen		filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against service
Services performed Taxes		r digits of your SS#	9564	(not for loan balances)
Money loaned Under (describe briefly)	Unpaid	compensation for services pe	rformed from V	to
2 DATE DEBT WAS INCURRED / 3 2 (2 P) (2	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations		ribe your claim and state the amo		he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM Check this box if w	our claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral				
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim, if any	\$	806
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or				
Wages salaries or commissions (up to \$10 000)* earned within 180 days	, _	services for personal family o	or household use -1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	늗	Taxes or penalties owed to go Other - Specify applicable part		• , ,,,
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L	* Amounts are subject to adju-	• .	• ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E TOTAL AMOUNT OF CLAMA	#2 4	with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED (unsecured)	30,	<u> 806,</u> \$	/ t- \	\$
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been cred		• •		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL				
DOCUMENTS If the documents are not available, explain If the	documents	s are voluminous, attach a sui	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim				
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and				
governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group				tilled Date
BMC Group Attn USACM Claims Docketing Center	BMC Gro			9/29/2006
P O Box 911 1330 East Franklin Avenue			- Ilvilance	
El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any of the				
this claim (attach copy of power of attorney of any) USA CMC				
9-21-06 Marchard				

UNITED STATES BANKRUPICY COURT	Dis	IRICI OI Nevada	DDOOL OF OLVING	
Name of Debtor	PROOF OF CLAIM			
USA Commercial Mortgage Co.	BK	-5-06-10725 281	STATE WELL	
NOTE This form should not be used to make a claim for an administ of the cise. A request for payment of an administrative expense ma	strative expo y be filed p	ense arising after the commencement oursuant to 11 USC \$ 503	00 AUG 11 P 2 20	
Name of Creditor (The person or other entity to whom the dubtor owns money or property) Pon F. Carrier & Sara L. Carrier Trustees of The Carrier Family Trust dated 8-9-91	your givii	ng particulars	FIRILIA GRATI CI ENN	
Name and address where notices should be sent	notic case			
Don & Sara Carrier 3175 Greensburg Circle Reno, NV 89509 Telephone number 775-323-0458	addr the	ck box if the address differs from the ess on the envelope sent to you by court	THIS STACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		ck here	led claim dated	
1 Basis for Claim ☐ Goods sold ☐ Services performed ☑ Money loaned ☐ Personal injury/wrongful death ☐ Taxes		Retiree benefits as defined in Wages salaries and compenion Last four digits of your SS # Unpaid compensation for set from	sation (fill out below)	
Other Date debt was incurred	3	If court judgment, date obtaine		
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$		Secured Claim Check this box if your claim	it of the claim at the time case filed is secured by collateral (including	
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief Description of Collateral			
Unsecured Priority Claim		➤ Real Estate ☐ Motor Value of Collateral \$	Vehicle Other	
Check this box if you have an unsecured claim all or part of ventitled to priority	vhich is	l .	arges at time case filed included in	
Amount entitled to priority \$				
Specify the priority of the claim Domestic support obligations under 11 USC \$ 507(a)(1)(A) (CANARD)	or	Up to \$2 225* of deposits toward p or services for personal family or h § 507(a)(7)		
(a)(1)(B) Taxes or penalties owed to governmental units 11 USC § 507(a)(8) Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Other Specify applicable paragraph of 11 USC § 507(a)()				
business whichever is earlier 11 USC § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment				
5 Total Amount of Claim at Time Case Filed \$Un En own 50,000				
(unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim				
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain If the documents are voluminous attach a summary. 8 Date Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.				
Date Sign and point the name and title, if any of filed in sciam (attach early of power of the	the credito	r or other person authorized to		
TOTAL TO THE TOTAL		SAPA L CARPIEL	USA CMC	

FORM BID (Official Form 10) (10/05)			
United States Bankrupicy Court	Dis	TRICI OI <u>Nevada</u>	PROOF OF CLAIM
Name of Debtor		Number	ρ,
USA Commercial Mortgage Co.	BK	-5-06-10725 LBI	AND FILED AND FILED AND FILED AND FILED AND FILED AND FILED
NOTE This form should not be used to make a claim for an adminis		ense arising after the commencement	AL TO ELED
of the ease. A request for payment of an administrative expense ma	y be filed	pursuant to 11 USC § 503	W MG THED
Name of Creditor (The person or other entity to whom the	☐ Che	ck box if you are aware that anyone	ARANKHULICY COOK
debtor owes money or property) Pon F. Carrier \$		has filed a proof of claim relating to	TRINKE COOR
Sara Li Carrier Trustees of The Carrie		r claim Attach copy of statement	CIATICY
Family Trust dated 8-9-91	1	ng particulars	Poi Go Chi
Name and address where notices should be sent		ck box if you have never received any ces from the bankruptcy court in this	THAY ORT
Donf Sara Carrier	case	:	I
3175 Greensburg Circle		ck box if the address differs from the ress on the envelope sent to you by	
Don f Sara Carrier 3175 Greensburg Circle Reno, NV 89509 Telephone number 775-323-0458	1	court	THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		ck here replaces	
identifies debtor	ıf th	is claim amends a previously fi	led claim dated
1 Basis for Claim		☐ Retiree benefits as defined in	11 USC § 1114(a)
Goods sold		☐ Wages salaries and compens	sation (fill out below)
☐ Services performed		Last four digits of your SS #	
Money loaned		Unpaid compensation for ser	•
Personal injury/wrongful death Taxes		from(date)	to
Other		(date)	(date)
2 Date debt was incurred	3	If court judgment, date obtaine	d
4 Classification of Claim Check the appropriate box or boxes th	at best des	cribe your claim and state the amoun	t of the claim at the time case filed
See reverse side for important explanations		Secured Claim	
Unsecured Nonpriority Claim \$		Check this box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you	r claim or	a right of setoff)	is seemed by conditional (merbering
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	Brief Description of Collate	ral
Unsecured Priority Claim			Vehicle Other
	.dda	Value of Collateral \$	
Check this box if you have an unsecured claim all or part of ventitled to priority	wnich is	Amount of arrearage and other cha	arges at time case filed included in
Amount entitled to priority \$		secured claim if anv \$	
1	_	Li \$2 225* d toward no	replace lance or cental of property
Specify the priority of the claim	П	Up to \$2 225* of deposits toward progressive for personal family or h	ousehold use 11 U S C
☐ Domestic support obligations under 11 USC § 507(a)(1)(A) o	or	§ 507(a)(7)	
(1)(1)(B)		Taxes or penalties owed to governm	ental units - 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned with	n 180	Other - Specify applicable paragrap	h of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C § 507(a)(4)	*A	nounts are subject to adjustment on 4	/1/07 and every 3 years thereafter
☐ Contributions to an employee benefit plan - 11 USC § 507(a	a)(5)	with respect to cases commenced on	or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		Un En own 50,000	
	•	(unsecured) (secured)	(priority) (Total)
 Check this box if claim includes interest or other charges in ad- interest or additional charges 	dition to th	ne principal amount of the claim. Atta	ach itemized statement of all
6 Credits The amount of all payments on this claim has beer	credited:	and deducted for the purpose of	THIS SLACE IS FOR COURT USE ONLY
making this proof of claim		Seette to. die porpose of	. AT SINGLE THE COOK ON ONLY
7 Supporting Documents Attach copies of supporting docum	ents, such	as promissory notes, purchase	:
orders invoices itemized statements of running accounts contracts court judgments, mortgages, security			
agreements and evidence of perfection of lien DO NOT SEN			;
documents are not available explain. If the documents are volu			
Date Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ning of you	ii ciaini, enciose a stamped sen-	
	Date Sign and point the name and title, if any, of the creditor or other person authorized to		
filetins claim (attach copy of power of atto	rney of an	Don F. Carrier	
aug 10,06 000	10	C000 1 1 1000 = 17	USA CMC
Some of 1 min	\overline{WV}	SHEHL CARPIEL	
	r impreont	nent for up to 5 years or both 1811	1072500207

Case Number Commerce Commer	United States Bankrupicy Court	Dı	STRICT OF NEVADA	PROOF OF CLAIM
NOTE. This form should not be used to make a claim for an administrative expense in a byte filled pursuant to 11 U.S.C. § VO. A request for payment of an administrative expense in a byte filled pursuant to 11 U.S.C. § VO. A request for payment of an administrative expense in a byte filled pursuant to 11 U.S.C. § VO. Check box if you are ware that anyone eight has filed a proof of claim relating to your claim. Attach copy of statement giving puritudinx. Check box if you are wave that anyone eight has filed a proof of claim relating to your claim. Attach copy of statement giving puritudinx. Check box if you are wave that anyone eight has filed a proof of claim relating to your claim. Attach copy of statement giving puritudinx. Check box if you have never received any notices from the bankruptcy court on this case. Check box if you have never received any notices from the bankruptcy court on this case. Check box if you have never received any notices from the bankruptcy court on this case. Check box if you have never received any notices from the bankruptcy court on this case. Check box if you have never received any notices from the bankruptcy court on this case. Check box if the claim claim did of the ceditor of death. Basis for Claim Check bits box if a puritudinx of your claim and state the amount of the claim at the time case if from to for death of your claim as entitled to princity. Check this box if you have an unsecured claim all or purit of which is secured. Claim Check bits box if you have an unsecured claim all or purit of which is secured. Claim. Check this box if you have an unsecured claim all or purit of which is secured. Claim. Check this box if you have an unsecured claim all or purit of which is secured. Claim. Check this box if you have an unsecured claim all or purit of which is secured. Claim. Check this box if you have an unsecured previous of the claim of your claim are subject to adjustment on 41/107 and even 3 years thereging business whichever is earlier. The 2 C. § 50	Name of Dubtor Case Number			
Society of Claim Claim Claim and address where natices should be sent Classification of Claim Claim Claim Claim and property of the claim and society of the prestry of the claim				_
debtor owes money or property) DOUGLAS CARSON Name and address where notices should be sent HC 34 BOX 34153 ELY, NEVADA 89301 Telephone number Last four digits of account or other number by which creditor identifies debtor I Bass for Claim Goods sold Services performed Services performed Name and indicates the services performed All May loaned Personal injury/wrongful death Tax Sixti Nion Count Us On the claim All Check this box if your sent sent collected in the claim at the time case of the services and to import claim is secured by ordinary claim cases and to import your claim as the value of the property securing it or if (2) mone or only pain of your claim is secured by only and of your claim is secured by collateral or proving the claim all or part of which is secured Priority. Claim Was stainers and owners and unsecured claim all or part of which is entitled to priority Unsecured Priority. Claim Check this box if you have an unsecured claim all or part of which is entitled to priority. Specify the priority of the claim Check there was compared to priority. Specify the priority of the claim Contributions to an employee benefit plan if U.S.C. § \$07(a)(1/A) or (3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative ex ly be filed	pense arising after the commencement pursuant to 11 USC § 503	
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Case	DOUGLAS CARSON	~	• .	,
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2 Date debt was incurred 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case of See reverse side for important explanations Unsecured Nonpriority Claim S. Check this box if a) there is no collateral or lien securing your claim of only part of your claim exceeds the value of the property securing it or if (c) none or only part of your claim is secured by collateral (including right of setoff) Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority S. Specify the priority of the claim Domitsic support obligations under 11 U.S.C. \$507(a)(1)(A) or (n)(1)(B) Wages salaries or commissions (up to \$10,000).* earned within 180 also shockever is earlier. If U.S.C. \$507(a)(4)(4) Contributions to an employee benefit plan. If U.S.C. \$507(a)(5) Taxes or penalties owed to governmental units. If U.S.C. \$507(a)(1)(A) or or specify applicable paragraph of 11 U.S.C. \$507(a)(A)(A) or or specify applicable paragraph of 11 U.S.C. \$507(a)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	Goods sold Services performed XX Money loaned Personal injury/wrongful death Taxes		☐ Wages salaries and compens Last four digits of your SS #	sation (fill out below)
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Sec reverse side for important explanations Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if your claim is secured by collateral (including a right of sectiff) Brief Description of Collateral Real Estate Motor Vehicle Other Value of Collateral Real Estate Motor Vehicle Other Value of Collateral Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (n)(1)(B) Wages salaries or commissions (up to \$10.000) * earned within 180 days before filing of the hankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if your claim is secured by collateral (including a right of sectiff) Brief Description of Collateral Real Estate Motor Vehicle Other Value of Collateral Amount of arrearage and other charges at time case filed included secured claim if any \$ Amount of arrearage and other charges at time case filed included secured claim if any \$ Specify the priority of the claim Check this box if of proper or services for personal family or household use 11 U.S.C. § 507(a)(1) Other Specify applicable paragraph of 11 U.S.C. § 507(a)(1) Amounts are subject to adjustment on 4/1/07 and even; 3 years thereofit with respect to cases commenced on or after the date of adjustment interest or additional charges Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach termized statement of all interest or additional charges Total Amount of Claim at Time Case Filed Check this box if your claim is required to feed to priority Check this box if your claim is required to feed to priority Chec	2 Date debt was incurred	3	If court judgment, date obtaine	ď
(Insecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary. 8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the creditor or other person authorized to	Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim or only part of your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (1)(1)(B) Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankrupicy petition or cessation of the debtor's business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan 11 U S C \$ 507(a)(5)			
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Date Sign and print the name and title if any of the creditor or other person authorized to	orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary. 8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim enclose a stamped self-			
11/03/06 Selfy a. Nathran alterny in fait TEST REGIL HARMAN				

	PROOF OF CLAIM		
Name of Debtor Ca	se Number		
Traine or poster			
ON COMPERCIAL MORTONOR	06-10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense			
ansing after the commencement of the case A "request" for payment of ar administrative expense may be filed pursuant to 11 U S C § 503	aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address	to your claim Attach copy of statement giving particulars		
11321241001881			
CHAI MILLER LLC	Check box if you have never received any notices		
PO BOX 81191 LAS VEGAS NV 89180-1191	from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT	
	Check box if this address	ONE OF THE DEBTORS	
	differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number () 701-591-3515	court.	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debte	- Check here - 1991a	a previously fled claim dated	
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Goods sold Personal mun/wrongful death	tiree benefits as defined in 11 U S	_	
Sangara and Tayes	ges, salaries and compensation (st four digits of your SS #	fill out below) Other claims against services (not for loan balances)	
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4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best See reverse side for important explanations	•	•	
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM X Check this box if you	PLACER VINE YARDS our claim is secured by collateral (including	
Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it or if c) none or only part of your claim.	a right of setoff)	FIRST TRUST DEED	
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is	Real Estate	Motor Vehicle	
entitled to priority	Value of Collateral	\$	
Amount entitled to priority \$	Amount of arrearage ar secured claim, if any	d other charges <u>at time case filed</u> included in	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family of	rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		vernmental units 11 U S C § 507(a)(8)	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		igraph of 11 U S C § 507(a) () itment on 4/1/07 and every 3 years thereafter	
E TOTAL AMOUNT OF CLAIM	with respect to cases commen	ced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ \$35	7,191.66 \$	\$ 357, 241 66	
(unsecured) Check this box if claim includes interest or other charges in addition to the print	(secured) scinal amount of the claim. Attach iter	(priority) (Total)	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of			
running accounts contracts, court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available explain if the documents are voluminous attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the film		•	
proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 THIS SPACE FOR COURT USE ONLY			
for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			
BY MAIL TO BY H	AND OR OVERNIGHT DELIVERY TO	FILED NOV 0 3 2006	
Attn USACM Claims Docketing Center Attn	USACM Claims Docketing Center		
El Segundo CA 90245-0911 El Se	East Franklin Avenue egundo CA 90245		
DATE SIGN and print the name and title if any of the crec this claim (attach copy of power of attorney if	anvl .	USA CMC	
110-10-00	man		
Penalty for presenting fraudulent claim is a fine of up to \$50% 0% or impresonment for	up to 5 years or both 18 U.S.C. 86 1	52 AND 3571	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for		& see A Haked	

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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	OOF OF CLAIM		
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1) 5 + (oughercies 1,100,14946 conf. 1) 00	-10725-LBRI		
NOTE See Reverse for List of Debtors and Case Numbers	Cheek how furni ore		
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has		
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EDWARD G LOUGHLIN & THELMA E GUEVARA	Check box if you have never received any notices		
2636 GOLDEN SANDS DR	from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A		
LAS VEGAS NV 89128-6805	BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS		
	Check box if this address		
	differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again		
Creditor Telephone Number ()(702; 2550014	court THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replaces		
	Check here or a previously fired claim dated amends		
	benefits as defined in 11 U S C § 1114(a) Unremitted principal		
Goods sold Personal injury/wrongful death Wages	salaries and compensation (fill out below)		
Services performed Taxes Last fou	ir digits of your SS # (not for loan balances)		
	compensation for services performed from to		
	(date) (date)		
2 DATE DEBT WAS INCURRED \ 12-1-04 3 IF C	COURT JUDGMENT, DATE OBTAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	ribe your claim and state the amount of the claim at the time case filed		
See reverse side for important explanations	SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	Check this box if your claim is secured by collateral (including		
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Bruef description of collateral			
UNSECURED PRIORITY CLAIM	¥ ·		
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Specify the priority of the claim	secured claim if any \$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or		
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or household use 11 U S C § 507(a)(7)		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)		
	Other Specify applicable paragraph of 11 U S C § 507(a) ()		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ \$ \(\sqrt{6} \)	4 2 1 4 . 9 4 \$ \$ 104. 214, 94		
AT TIME CASE FILED	T-10191		
	(secured) (pnority) (Total) I amount of the claim Attach itemized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been credited and			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , supporting accounts contracts court judgments mortgages security agreement	such as promissory notes purchase orders, invoices itemized statements of		
DOCUMENTS If the documents are not available, explain If the documents			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES NOT THIS SPACE FOR COURT		
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY			
for each person or entity (including individuals, partnerships, corporation governmental units)			
BY MAIL TO BY HAND	OR OVERNIGHT DELIVERY TO FILED OCT 0 6 2006		
BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center			
P O Box 911 1330 Fast Franklin Avenue			
El Segundo CA 90245-0911 E & Lough (, d) El Segundo CA 90245			
DATE SIGN and print the name and title if any of the creditor	or other person authorized to file USA CMC		
the claim (attach copy of power of attorney if any)			
10-7-00 IN C. J Loreghin 1/2	ma 9. Kliware 1072500477		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to	0.5 years or both 18 U.S.C. 88 152 AND 3571		